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Convention on the Rights of the Child

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Committee on the Rights of the Child
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Item 4 of the provisional agenda
Consideration of reports of States parties

List of issues in relation to the combined third to fifth periodic reports of the Niger

Addendum

Replies of the Niger to the list of issues*

[Date received: 17 July 2018]

* The present document is being issued without formal editing.

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The Government of the Niger has had the pleasure to submit to the Committee its combined third to fifth periodic reports (CRC/C/NER/3-5) on the status of the implementation of the Convention. The Government thanks the Committee for having carried out a preliminary examination of the report and subsequently sending a list of issues (CRC/C/NER/Q/3-5). The Government now has the honour of providing the experts with the replies detailed below.

The replies refer to the paragraph numbers used in the list of issues drawn up by the Committee.

Part I

Replies to the questions raised in paragraph 1 on the adoption of the Children's Code

1. Given the sensitivity of some of the areas covered by the Children's Code, and faced with the likelihood of social tensions surrounding its adoption, the Government deemed it necessary to continue and to strengthen awareness-raising activities and training on child protection issues, including sociocultural practices, in order to garner the voluntary, conscious and active support of all citizens of the Niger for the draft Code, which conforms to international and regional legal standards.

2. To address the poor coordination identified during the mapping and analysis of the national child protection system of the Niger undertaken in 2010, the Government has committed to strengthening the relevant coordination system. The first phase of this exercise entailed establishing regional committees to help with implementation of the National Child Protection Policy adopted in 2013. The second phase, entailing the establishment of a national committee, is under way.

3. In addition, the Ministry responsible for child protection recently drafted its multi-year expenditure programming document for 2019–2021, which has a component dedicated to promoting and protecting children's rights and incorporates a rights- and gender-based approach.

Replies to the questions raised in paragraph 2 on the minimum age of marriage

4. At this stage there are no plans to amend the minimum age of marriage for girls. However, efforts to put an end to child marriage are under way. These efforts have included, among others:

- The ratification of several international and regional agreements on child protection, including the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.
- Act No. 2014-72 of 20 November 2014 on the jurisdiction, responsibilities and functioning of juvenile courts, wherein the child is defined as "every human being below the age of 18 years".
- Decree No. 2017-935/PRN/MEP/PLN/EC/MES of 5 December 2017 on protection, support and assistance for girls attending school, issued following an information and awareness-raising meeting with ulema and representatives of civil society.

5. Several sector policies have also been adopted, which are aligned with the international definition of the child as "every human being below the age of 18 years".

6. Since 2011 the Government, through the Ministry responsible for child protection, has developed child protection programmes that take a community-based approach. Special emphasis is placed on efforts to end child marriage. Community-organized communication activities designed to bring about behavioural change have yielded positive outcomes, as follows:

- 1,084 target villages have established child protection committees.
- 229 child marriages were cancelled or postponed in 2017.

- 243 girls have returned to school thanks to the efforts of village child protection committees, supported by community facilitators.

7. The Government has also launched an initiative for the adolescent girls of the Niger, known as Illimin or "Knowledge for dignity". Aimed at married or unmarried girls aged between 10 and 19 years old who have either never attended school or dropped out, the initiative is designed to build the capacity of adolescent girls to say no to child marriage and to reduce early pregnancy.

8. The initiative achieved the following outcomes in 2016:

- 65,000 girls reached by activities
- 421 girls returned to school
- 536 child marriages cancelled

9. The Government provides social workers with a guide to social dialogue that highlights the key behaviours to promote, namely:

- Delaying the age of marriage of girls to 18 years
- Practising dialogue between parents and children, including on reproductive health issues
- Reducing the age gap between spouses
- Taking family decisions bearing in mind the best interests of the child
- Encouraging girls' enrolment and continuation in school

10. The Government is at last developing a national action plan to end child marriage, with support from the United Nations Children's Fund and the United Nations Population Fund.

Replies to the questions raised in paragraph 3 on corporal punishment

11. Corporal punishment in the home is not formally prohibited, although in the event of serious injury perpetrators may be prosecuted for assault and battery under the Criminal Code. A circular has been issued that formally prohibits corporal punishment in schools.

12. Nevertheless, cases are still being reported in certain Qur'anic schools. To address this situation, the Ministry of Primary Education, Literacy, Promotion of National Languages and Civic Education has launched an extensive programme for the reform of Qur'anic schools through which it aims to regain control over these schools and to definitively prohibit acts of corporal punishment. Inspectors regularly visit Qur'anic schools in order to monitor the effective observance of certain rules, including the prohibition of corporal punishment.

13. Regarding corporal punishment in the home, regular awareness-raising activities are carried out with families to encourage parents to use less violent methods of disciplining their children, regardless of the misdemeanour committed. In the most serious cases, criminal proceedings are systematically instituted as soon as the violence is brought to the attention of the authorities.

Replies to the questions raised in paragraph 4 on the financing of programmes to promote equal sharing of parental responsibilities

14. The Niger is a country with a dual legal system consisting of statutory law and custom, which are applied according to the choice of the parties. The population of the Niger being predominantly Muslim, matters of family responsibility, repudiation and polygamy are governed by "Islamized" customs. These issues are rigorously dealt with by strict rules, which must be respected by every citizen who opts to abide by custom.

Replies to the questions raised in paragraph 5 on the lack of social protection structures

15. Regarding the protection of children deprived of their family environment, the Government's efforts have led to the construction of several reception centres for the care of such children. Children separated from their biological families may also be placed with foster families. The Ministry of Justice has undertaken to develop a framework of reference for all reception facilities to enable them to respond, in accordance with the Ministry's policy on the judicial protection of juveniles, to the diversification and adaptation of care arrangements.

16. The Ministry has also established social service structures within the courts system, tasking them, essentially, with the care of children in conflict with the law and children at risk. The range of services provided by the Ministry of Justice is complemented by care facilities administered by the Ministry responsible for child protection and by various associations.

Replies to the questions raised in paragraph 6 on social protection for children with disabilities

17. In implementation of Ordinance No. 2010-028 of 20 May 2010, a support fund for persons with disabilities had been set up to:

- Award training scholarships to persons with disabilities wishing to continue their education
- Cover the school fees of children from poor families
- Develop income-generating activities

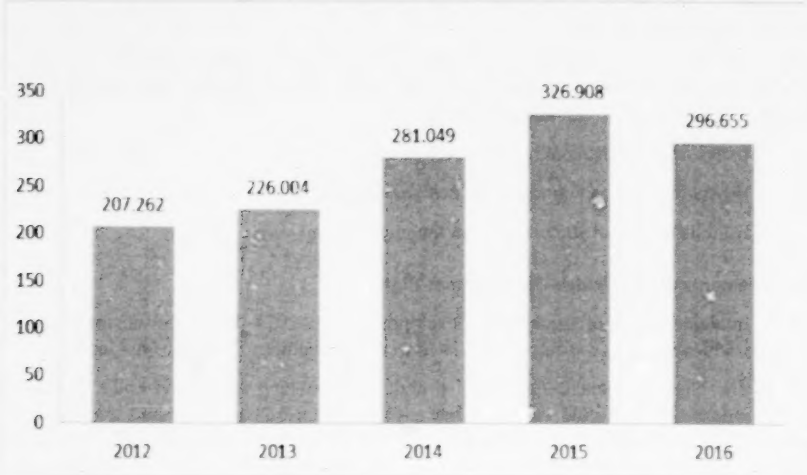
18. The Government allocated the sum of CFAF 50,000,000 for this purpose in 2018.

19. Between January and 16 May 2018, 535 graduates with disabilities were directly recruited to the civil service without sitting a competitive examination in application of article 21 of the aforementioned Ordinance, which established that in each competitive examination a quota of 5 per cent of places should be set aside for persons with disabilities with the required profile.

20. Committees have been established at the national, regional, departmental and communal levels, respectively, to promote and coordinate various activities for the capacitation and rehabilitation of persons with disabilities. Each of these structures includes representatives of public and private bodies and associations working in the sphere.

Replies to the questions raised in paragraph 7 on funding of health care

Figure showing national health expenditure, 2012–2016



21. National health expenditure, which corresponds to the combined expenditure of all of the health system's funding sources (the State, local authorities, households, technical and financial partners, the social security system, supplementary insurance schemes, mutual insurance funds, insurance companies, provident societies, non-governmental organizations, etc.) steadily increased from CFAF 207,262 billion in 2012 to CFAF 326,908 billion in 2015, before falling to CFAF 296,655 billion in 2016.

22. National health expenditure per capita slipped from CFAF 17,463 (about US$ 35) in 2015 to CFAF 14,933 (US$ 30) in 2016. It therefore remains below the figure of US$ 44 per person per year that the World Health Organization estimates is needed to provide essential health services.

23. Several sources contribute to health funding, which is characterized by disparities in its allocation. Direct payments by households are the leading source of health funding, accounting for 54.85 per cent of the total in 2016 and 52.27 per cent in 2015. Despite the efforts of the Government and its partners to establish a system of risk pooling, households continue to provide the majority of health funding.

Health funding from the State budget

24. In the past five years, the share of the overall State budget allocated to the Ministry of Health has fallen short of 10 per cent. Inflation, high demographic pressure and economic recession have resulted in a budget that is far from adequate for meeting communities' health needs.

Share of the overall State budget allocated to health (Ministry of Health and other sectors), 2012–2016

(CFA francs)

Budget	*2012*	*2013*	*2014*	*2015*	*2016*
State	1 347 065 867 158	1 450 033 365 350	1 867 565 403 749	1 816 003 279 948	1 807 220 000 000
Health sector	66 571 087 941.5	90 563 099 754.18	99 862 360 985.59	114 010 013 261	65 364 328 571
%	4.94	6.25	5.35	6.28	3.62

Source: Finance Act summary, Directorate of Financial Reforms/General Directorate of Financial Reforms/Ministry of Finance.

25. It is clear that the health sector, although a national priority, is underfunded. However, there is strong political will to increase all actors' contributions to health funding. The Government has therefore committed, through the second component of the Renaissance Programme of the President of the Republic, to devote 10 per cent of the State budget to health until 2020.

26. Moreover, achieving sustainable growth in sustainable health funding is one of the priority actions of the Health Development Plan 2017–2021 now being implemented by the Ministry of Health. This will be achieved by:

- Increasing the financial resources allocated to health
- Increasing the health budgets of local authorities
- Establishing innovative health funding mechanisms

Achievements of the Health Development Plan

27. Implementation of the Health Development Plan 2011–2015 allowed for progress towards achievement of the outcomes related to the Millennium Development Goals.

28. The Niger has made substantial progress in reducing infant and child mortality. Indeed, the infant and child mortality rate dropped from 318 per thousand live births in 1992 to 126 in 2015, against a national target of 106 for 2015. Infant mortality fell from 123 per thousand live births in 1992 to 51 in 2015, against a target of 41. Therefore, the country is not far from achieving the targets set under the relevant Millennium Development Goal.

29. According to the Niger demographic and health survey of 2017, the infant mortality rate has fallen to 48 per 1,000 live births, from 51 in 2012, while the infant and child mortality rate has fallen from 127 to 95 over the same period.

30. Some progress, albeit insufficient, has also been made in reducing maternal mortality. The maternal mortality rate in the Niger dropped from 700 deaths per 100,000 live births in 1990 to 520 in 2015, against a target of 175. The proportion of deliveries attended by skilled health personnel increased from 14.9 per cent in 1992 to 39.7 per cent in 2015. The contraceptive prevalence rate rose from 5 per cent in 2006 to 29 per cent in 2015.

31. In the fight against major endemic diseases, extremely positive results have been reported in combating HIV/AIDS. Seroprevalence declined significantly from 0.7 per cent in 2006 to 0.4 per cent in 2012, according to data from the third and fourth editions of the Niger demographic and health survey and multiple indicator cluster survey. For malaria, the fatality rate fell from 0.18 per cent in 2006 to 0.1 per cent in 2013. Tuberculosis screening and cure rates are improving, but remain short of the expected goals in this area. The treatment success rate was 80 per cent in 2015, against a target of 85 per cent according to the statistical yearbook.

32. Other actions carried out to implement the Health Development Plan were:

- The extension of health coverage in the country
- Routine immunization carried out through the Expanded Programme on Immunization and vaccination campaigns (99 per cent reduction in measles morbidity and 97 per cent reduction in mortality linked to the disease)
- Intensification of the fight against various forms of malnutrition
- Campaigns to distribute vitamin A and insecticide-treated mosquito nets
- Free health care for children under 5 years old and free antenatal consultations and Caesarean sections
- Acquisition of health infrastructure, taking the number of integrated health centres from 578 in 2004 to 889 in 2014 (a 54 per cent increase), while the number of hospitals rose from 26 in 2004 to 49 in 2014 (an 88 per cent increase)

- Expansion of the health-care workforce, taking the number of doctors from 352 in 2004 to 525 in 2014 (a 49 per cent increase) and the number of nurses from 2,161 in 2004 to 5,199 in 2014 (a 141 per cent increase over 10 years)
- Health is the only sector that, in view of the public resources being injected into it, appears to be efficient in comparison with other member countries of the West African Economic and Monetary Union

Follow-up to the Health Development Plan 2011–2015

33. Following the implementation of the 2011–2015 Plan, a new Health Development Plan was drawn up for the five-year period 2017–2021. An analysis of the situation in the health sector and the lessons learned from the 2011–2015 Plan led to the primary emphasis of the new Health Development Plan being placed on permanent availability of operational resources, on human resources and on community participation in health care, the aim being to meet patients' needs, improve the health of mothers and children and achieve the Sustainable Development Goals on health.

34. The new Plan is consistent with the Sustainable Development Goals, the Economic and Social Development Plan 2012–2015, the Sustainable Development and Inclusive Growth ("Niger 2035") Strategy, the Prime Minister's general policy statement for 2017–2021, the National Health Policy adopted in October 2015 and the United Nations Development Assistance Framework 2014–2018.

35. The main goal is to promote the social well-being of the population and thus to achieve the Sustainable Development Goals on health. More specifically, the Plan is designed to bolster demand for quality health care and services and to ensure their availability to the whole population.

36. To achieve this goal, six strategic areas have been identified:

1. Improving governance and leadership;
2. Expanding the provision of quality health care and services;
3. Human resources development;
4. Sustainable funding of the health sector;
5. Appropriate management, servicing and maintenance of equipment and inputs;
6. Development of health information integrating new technologies and research.

37. These strategic areas will be addressed through three programmes, broken down into 28 subprogrammes.

Measures taken to address the epidemics in the regions of Diffa, Tillabéri and Tahoua

38. The following disease outbreaks have been recorded:

Meningitis epidemic

39. In total 3,506 cases and 232 deaths have been recorded. The epidemic was caused essentially by the bacterium *Neisseria meningitidis* C. The epidemic affected the regions of Niamey, Maradi, Dosso, Tahoua, Tillabéri and, at the end of the year, Zinder, in two villages in the Mirriah and Magaria health districts, where 73,000 doses of vaccine have been administered at a cost of CFAF 104,388,996. All affected health areas have carried out vaccinations, with a total of 601,725 persons vaccinated.

Measles epidemic

40. In total 1,500 cases and 7 deaths have been recorded. A response campaign was conducted in which 209,000 people were vaccinated.

Viral hepatitis E epidemic

41. A total of 2,151 cases and 44 deaths have been recorded. This is the first time that the country has experienced an outbreak of hepatitis E. Most deaths occurred among pregnant women and women in the post-partum period.

42. To address these outbreaks and to reduce the risk of their recurrence, the Ministry of Health, in cooperation with technical and financial partners, has taken the following steps:

Surveillance measures

- Improved surveillance in all health centres
- Building the capacity of health facilities and points of entry to monitor diseases and major public health events (cost: CFAF 76,718,992)
- Building staff capacity for early detection and proportionate response to outbreaks and other major public health events in accordance with the provisions of the International Health Regulations and Integrated Disease Surveillance and Response (cost: CFAF 88,427,919)

Response measures

43. A multisectoral response plan has been drawn up and implemented, which includes the following elements:

- The development and implementation of a national response plan
- The pre-positioning of medicines and consumables in the regions and all affected health districts
- The creation of a buffer stock of meningitis and measles vaccines
- The development of a communication plan aimed at the general public

44. All persons who contracted a disease were treated free of charge in health centres. An immunization campaign was organized in health areas affected by outbreaks, with vaccination provided for persons aged between 2 and 29 years. By using this combination of measures to combat the epidemics, the authorities were able to overcome the crisis.

Replies to the questions raised in paragraph 8 on the quality of education, the completion of schooling and gender disparities in school attendance

45. The disparity between girls and boys persists in the Niger. However, remarkable progress has been made in this area, as evidenced by two indicators in particular, namely the gross enrolment ratio and the primary education completion rate. For girls, the gross enrolment ratio increased from 64.7 per cent in 2013 to 72.1 per cent in 2017, while their primary education completion rate increased from 44.3 per cent to 72.9 per cent over the same period. These are very encouraging results for the country.

46. The Niger will further improve these indicators thanks to the adoption of the Decree of 5 December 2017 on protection and support for young girls attending school. This instrument represents a decisive step for the country that will allow for the application of a raft of measures to promote girls' enrolment in school.

47. One of the major challenges facing education in the Niger is the quality of teaching and learning. Indeed, all national and international studies indicate that the country's students have a very low level of educational achievement. In the latest assessment carried out under the Programme for Analysing Education Systems of the Conférence des ministres de l'Éducation des États et gouvernements de la Francophonie, students from the Niger ranked tenth out of 10 countries for test performance. According to this study, 8.5 per cent of students in their final year of primary school achieved a satisfactory level in French and 7.7 per cent a satisfactory level in mathematics. These data alone perfectly illustrate the critical situation in which the country's students find themselves. Moreover, these findings have been confirmed by other studies, including a project carried out by the Swiss Agency for Development and Cooperation and another by the Directorate of School Examinations

and Professional Competitive Examinations of the Ministry of Primary Education, Literacy, Promotion of National Languages and Civic Education.

48. In the light of this alarming diagnosis, the Ministry of Primary Education, Literacy, Promotion of National Languages and Civic Education took the decision to focus on teachers' qualifications. An examination organized by the Ministry revealed glaring inadequacies in teachers' own education levels, with only 589 out of a total of 3,177 teachers assessed obtaining an average score of 10/20 or better.

49. To address this state of affairs, the Ministry has developed, and is implementing, a road map for restoring quality. This road map is centred on teachers, and designed to raise their qualifications, the ultimate goal being to impact positively on the level attained by students.

50. The road map has several components, two of which are described here. Firstly, in 2017, all contract teachers — of whom there were 64,000 in June 2017 — underwent an evaluation consisting of primary-level exercises; i.e. the level that they are expected to teach their students on a daily basis. The aim was to accurately identify gaps in their knowledge and to develop a personalized training programme.

51. Following the evaluation, it was found that only 33 per cent of primary school teachers obtained an average score of 10/20 or better. Consequently, a huge remedial programme was developed and is now being implemented. Teachers with an average score of less than 3/20 had their contracts terminated for gross incompetence.

52. Secondly, a curricular reform to introduce learning in the national languages is gradually being implemented. Several studies have indicated that children who begin their education in their mother tongue obtain better results upon leaving primary school. The Niger has therefore embarked on the path of entry into education through languages. The principle is that the mother tongue is the main language of instruction during the first three years of primary school, with French taught as a subject. In the fourth year, French becomes the main language of instruction and the mother tongue becomes a subject. By adopting this approach, the Niger increased the number of bilingual schools from 500 in 2016–2017 to 5,000 in 2017–2018.

53. [illegible] ms of the road map include investing fully in initial and [illegible] ers, providing textbooks for schools and promoting the literacy of [illegible] attended or who have dropped out of school.

[illegible] to paragraph 9 on measures to eradicate the worst [illegible] ourges

54. [illegible] ours taken to combat the worst forms of child labour:

- [illegible] 2012-45 of 25 September 2012 establishing the Labour Code [illegible] of the Niger
- [illegible] No. 2017-042/PRN/MET/PS of 10 August 2017 establishing implementing regulations for the Labour Code

55. Under article 178 of the Decree establishing implementing regulations for the Labour Code, "the employment of children under the age of 18 years shall give rise, in addition to their inclusion in the employer's register, to an entry in a special register known as the child employment register, the format for which is annexed to this Decree".

56. The child employment register is numbered and initialled, free of charge, by the district court of the place where the business is located and is kept at the disposal of the labour inspector, without being moved.

57. Article 158 prohibits, under penalty of criminal prosecution, the employment of children under the age of 18 years:

- In any form of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment for use in armed conflict

- In the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances
- In the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs, as defined in the relevant international treaties duly signed and ratified by the Niger

58. Article 159 also prohibits the employment of children under the age of 18 years in work which, by its nature or the circumstances in which it is carried out, is likely to harm their health, development, safety or morals, on pain of the penalties for endangering the lives of others set forth in the Criminal Code.

59. The labour inspector is responsible for deciding whether work is dangerous; appeals against his or her decisions may be lodged with the Minister for Employment, whose ruling shall take into account the opinion of the Technical Advisory Committee on Occupational Safety and Health.

60. Specifically forbidden is the employment of children under the age of 18 years in:

- The operation of dangerous machinery
- Greasing, cleaning, inspecting or repairing working machines or mechanism
- Work involving the use of shears and other mechanical cutting blades and presses of all kinds that are not fitted with safety devices
- Work involving the use of circular saws and band saws, although the labour inspector may provide revocable written authorization for children aged at least 16 years old to perform such work
- Work entailing the operation of vertical wheels, winches or pulleys
- Work entailing the handling and use of explosives
- Operating and monitoring electrical lines, appliances and machines of all kinds whose operating voltage to earth exceeds 600 volts for direct current and 150 volts root mean square for alternating current
- Handling hazardous chemicals or chemicals likely to emit harmful fumes, children being prohibited from accessing workshops where such chemicals are handled, and from handling and using white lead, lead sulfate and industrial paints containing these products
- Work in underground mines
- Work in small-scale gold mines and other artisanal mining operations
- Making, handling and selling written and printed works, posters, drawings, engravings, paintings, emblems, pictures or any other object whose sale, supply, exhibition, display or distribution are likely to undermine their morals, the employment of children in any capacity whatsoever in the premises where such work is done being also forbidden

61. The employment of children under the age of 18 years is also prohibited:

- In workplaces containing hand-operated or motor-driven machinery whose hazardous parts do not have the appropriate protective devices
- In facilities where work results in the production of harmful dust
- In abattoirs and in the transport of meat and waste

62. Children are prohibited from working in all businesses in which the above-mentioned types of work are carried out, except when tasks are consistent with their ability and can be entrusted to them without risk to their health.

63. Regulations establish the list of tasks and the categories of business from which children are banned.

64. Article 160 prohibits, on pain of criminal penalties, the employment of children under the age of 16 years:

- In work performed using suspended scaffolding
- In the operation of vertical wheels, winches or pulleys
- In public performances given in theatres, cinemas, cafes, concert halls, cabarets or circuses, or for the performance of dangerous feats or contortionist exercises

65. Article 161 prohibits, on pain of criminal penalties, the employment of girls under the age of 16 years:

- In continuous work using pedal-operated sewing machines
- On the external displays of shops and boutiques

66. Under article 162, the employment of children aged 12 and 13 years is prohibited, even in the capacity of apprentices. However, outside the hours fixed for school attendance, these children may be employed on light work:

- Which is not such as to prejudice their attendance at school or capacity to benefit from the instruction there given
- The duration of which does not exceed two hours per day on either school days or rest days, the total number of hours spent at school and on light work in no case to exceed seven per day
- The duration of which does not exceed four and a half hours per day, outside periods of school attendance

67. Light work should be understood as:

- Light domestic tasks forming part of the work of a scullion, assistant cook, "small boy" or childminder
- Picking, gathering and sorting work performed in agricultural undertakings
- Light work of a non-industrial nature, with the prior special written permission of the labour inspector

68. All work, including light work, is prohibited for children aged 12 and 13 years on Sundays and statutory holidays and at night, understood as an interval of at least 12 consecutive hours including the period from 8 p.m. until 8 a.m.

69. Measures to eradicate child labour include the validation, at a workshop held in Niamey on 9 and 10 January 2018, of the National Action Plan to Combat Child Labour. This plan is currently awaiting adoption.

70. The "Reducing Child Labour in Agriculture" project of the Ministry of Agriculture, scheduled to run from June 2016 to March 2018, has been granted an extension of seven months in view of the accumulated backlog in the implementation of activities.

71. The project's overall objective is to reduce the proportion of children that are forced into child labour in agriculture and to contribute to the emergence of decent rural employment and the fight against the rural poverty that is a cause of begging in the affected regions of Niamey, Dosso, Tahoua, Tillabéri and Maradi. Awareness-raising activities are carried out to discourage parents from leaving their children in the hands of marabouts who force them to beg.

Replies to the questions raised in paragraph 10 on the detention of children associated with terrorist groups

72. In the context of the conflict with Boko Haram, about 100 children alleged to be associated with armed groups have been subjected to police questioning and prosecution before the courts. However, thanks to the mechanisms established to deal with these cases, these children are increasingly being treated primarily as victims rather than as offenders. For this purpose, in February 2017 the Government and the United Nations system signed a memorandum of understanding designed to ensure that minors captured in the field of

military operations are no longer incarcerated. Accordingly, children who were incarcerated for this reason have been granted provisional release and have been placed in transit and guidance centres to receive psychosocial care and to prepare for their reintegration.

73. Concerning their reintegration itself, emphasis is placed on the community-based approach in order to reduce the risk of stigmatization and tensions while favouring equity in the assistance provided.

Replies to the questions raised in paragraph 11 on sexual violence

74. The Government's efforts to address the prevalence of abuse, violence and exploitation involving children include:

- The adoption, in 2013, of a framework document to protect children against these harmful practices. This document, which constitutes the National Child Protection Policy, sets out three strategic objectives:
    - Reducing the prevalence of all forms of abuse, violence and exploitation involving children
    - Building national capacity for the care of child victims
    - Strengthening the national child protection system
- Strengthening structures for the care of child victims of violence, including sexual violence, through the establishment of social centres for the prevention, promotion and protection of the child
- Involving traditional and religious chiefs in awareness-raising and social mobilization activities, allowing them to benefit from capacity-building on the forms, causes and consequences of violence

Replies to the questions raised in paragraph 12 on juvenile justice

75. Juvenile courts are governed by Act No. 2014-72 of 20 November 2014, which determines their jurisdiction, responsibilities and functioning. These courts are operational throughout the country and are established at the seats of district courts and regional courts. Act No. 2011-42 established the rules applicable to legal and judicial assistance and provided for the creation of a public administrative body called the National Agency for Legal and Judicial Assistance, whose purpose is to make assistance available for vulnerable people, especially women and children.

76. This assistance is free of charge for children, regardless of whether they are the perpetrators or victims of an offence. The Agency has local offices in all regional courts to facilitate the processing of cases involving juveniles in conflict with the law and children at risk. Under the aforementioned Act, the judicial authority is under an obligation to appoint counsel for children in contact with the justice system, failing which proceedings shall be null and void. Similarly, criminal investigation officers are required to follow the procedure established for children in respect of medical certificates and social inquiry reports.

77. The Act also provides for community service as an alternative to the imprisonment of children, under conditions of implementation that are determined by decree. In accordance with the provisions of article 29 of Act No. 2014-72 of 20 November 2014, the courts may hand down a sentence of community service as the main penalty in cases of minors in conflict with the law who have been prosecuted and brought before a trial court. The same Act provides for the possibility that, before any prosecution, the public prosecutor may propose that a juvenile having committed a minor or ordinary offence carry out a measure of redress in the victim's favour, provided that the victim agrees to such a measure.

Part II

Update on the information contained in the periodic report as requested in paragraph 13:

(a) Relevant legislation and regulations adopted between 2009 and 2018

1. Ordinance No. 2010-028 of 20 May 2010, amending and supplementing Ordinance No. 93-012 of 2 March 1993 establishing minimum standards for the social protection of persons with disabilities;

2. Decree No. 2013-247 of 5 July 2013 adopting the National Policy for the Integrated Development of Young Children;

3. Decree No. 2013-344 of 23 August 2013 adopting the Framework Document for Child Protection and the related action plan;

4. Act No. 2014-060 of 5 November 2014 amending the Nationality Code;

5. Act No. 2014-72 of 20 November 2014 on the jurisdiction, responsibilities and functioning of juvenile courts in the Niger;

6. Act No. 2015-030 of 26 May 2015 on the prevention, care and control of human immunodeficiency virus (HIV);

7. Decree No. 2017-014 of 6 January 2017 implementing Act No. 2015-030 of 26 May 2015 on the prevention, care and control of HIV;

8. Act No. 2017-005 of 31 March 2017 establishing community service;

9. Order No. 0041/MJ/GS/PPG of 28 March 2014 establishing the social services of the courts;

10. Order No. 0116 of 17 July 2017 establishing reception and rehabilitation centres for children in conflict with the law;

11. The memorandum of understanding between the Government of the Republic of the Niger and the United Nations system in the Niger, regarding children allegedly associated with armed groups and terrorist groups, signed in 2017;

12. Decree No. 2017-935 of 5 December 2017 on protection, assistance and support for girls attending school;

13. Order No. 000027 of 11 May 2017 on the establishment, role and functioning of the social centres for prevention and the promotion and protection of the child;

14. Order No. 000031 of 18 January 2017 on the establishment, role and functioning of temporary transit and guidance centres for children allegedly associated with groups involved in terrorism and/or terrorist groups and children who have experienced dangerous migration or trafficking;

15. Order No. 08 of 23 January 2018 on the establishment, composition, role and functioning of the juvenile justice protection committees;

16. Act No. 2018-22 of 27 April 2018 setting out the basic principles of social protection.

(b) New institutions (and their mandates) and institutional reforms

1. National office for prevention and the promotion of children's rights

78. Established under the auspices of the General Directorate for Child Protection, this office is responsible for promoting and coordinating communications activities designed to bring about behavioural change.

2. Social centres for prevention and the promotion and protection of the child

79. Constituting decentralized units of the Ministry responsible for social protection, these centres are mandated to implement social protection policies and programmes at the grass-roots level. They have sole responsibility for the administrative protection of children, and for this reason maintain functional relationships with the justice system. The centres are able to draw on the support of approved and mandated private sector entities for the provision of some services.

80. The purpose of the social centres is: to provide the public with social services that contribute to the prevention of social risks; to offer opportunities for development and self-improvement to individuals, women, families and communities; and to guarantee the provision of protection and direct assistance, especially to children and women who are victims of violence or abandonment.

81. There are currently 54 protection services, 2 communication services promoting behavioural change and 2 social assistance services in operation.

3. Transit and guidance centres

82. Transit centres provide psychosocial support for all children admitted, maintaining a friendly approach and fostering rehabilitation. All children admitted to a transit and guidance centre receive support in the process of reunification and social and occupational reintegration.

4. Transforming regional child protection networks into regional child protection committees

83. As provided under the National Child Protection Policy, each of the capitals of the country's eight regions has a coordinating body known as the Regional Child Protection Committee. These regional committees for the coordination of child protection policy are multisectoral and multi-stakeholder committees responsible for ensuring the coherence and efficiency of public action for child protection.

84. The committees are responsible for:

- Facilitating the formulation of multisectoral action plans for implementation of the National Child Protection Policy, in cooperation with various sectors
- Working to align the implementation of interventions by different actors and to establish synergies
- Facilitating the adoption and sustainability of an integrated monitoring framework

85. The establishment of a national committee is ongoing. Consultations are in progress between the Ministry for the Advancement of Women and Protection of Children and the other entities involved in child protection, the aim being to reach a national consensus on the national committee's composition, mandate and operation. The committee will be inaugurated in June 2018, on the occasion of the third National Forum on Child Protection.

(c) Recently introduced policies, programmes and action plans and their scope and financing

86. Between 2009 and 2018, the following policies, programmes and action plans were implemented:

- The national guidelines on the care of vulnerable children, formulated and approved in 2010, which constitute a national standard for all interventions in this area
- The Framework Document for Child Protection, also known as the National Child Protection Policy, which protects children from abuse, violence and exploitation (mentioned in the replies to the questions raised in paragraph 11).
- The National Child Protection Programme (2014–2019), which is a mechanism for implementing the National Child Protection Policy
- The document providing for the restructure of social services, formulated and adopted in 2014, which defines the various operational structures to be used to

implement the National Policy, their mission and the standards that should govern their operation

- The National Policy for the Integrated Development of Young Children, adopted in 2013, which is a unifying framework for all measures benefiting children from birth to 8 years of age encompassing survival, development (education) and child protection
- Community-based child protection programmes, developed and implemented from 2011 onward, which focus on two aspects: community-based action for behavioural change and support for local development through the funding of microprojects selected by the local community
- The strategic plan for strengthening the civil registration system 2017–2021, adopted in June 2017

87. The formulation and implementation of these basic strategic documents are Government-funded but also receive technical and financial support from development partners.

(d) Recent ratifications of human rights instruments

1. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families

2. The International Convention for the Protection of All Persons from Enforced Disappearance

3. The Convention on Protection of Children and Cooperation in respect of Intercountry Adoption

Part III

Statistical data and other information, where available

Replies to the information requested in paragraph 14 on percentage of national budget allocated to the children's and social sectors

88. Data not available.

Replies to the information requested in paragraph 15 on statistical data for the past three years on:

(a) The number of married children

89. Data not available.

(b) The number of children registered at birth

Registration status of children from birth to 4 years of age

Year	*Births registered before the deadline*	*Expected births*	*Registration rate (%)*	*Late birth registrations*
2014	553 974	851 973	65.02	188 841
2015	601 993	885 026	68.02	471 556
2016	501 220	915 780	54.73	350 059
2017	499 449	953 990	52.35	230 045

(c) The number of children in slavery

90. According to judicial statistics, in 2016, two cases of children in slavery were reported. Data are only available for this year.

91. According to protection services statistics, from 2014 to 2017, the following cases of trafficking were recorded:

Year	*2014*	*2015*	*2016*	*2017*
Number of cases	16	28	20	133

(d) The number of cases of violence against children

92. There were 230 recorded cases, of which 178 have been tried. Assistance offered included financial and material aid as well as advice, and the children concerned were either returned to their parents or placed in an institution. Over the same period, there were 230 prosecutions before the courts.

Number of cases of violence against children recorded by the social services disaggregated by type of violence

Protection challenge	*2014*	*2015*	*2016*	*2017*
Child abuse	504	172	121	247
Sexual abuse (sexual assault rape)	212	301	103	181
Exploitation and worst forms of child labour	204	125	30	53
Commercial sexual exploitation	421	82	5	9

(e) The number of cases of violence committed by children

93. Child protection services provide psychosocial care for children who are victims of abuse, violence and exploitation, including sexual exploitation (185 cases in 2017).

Number of cases of sexual violence and rape recorded from 2014 to 2016

2014	*2015*	*2016*
193	140	78

Number of children suspected of having committed an offence

2014	*2015*	*2016*
337	430	301

Number of children sentenced

2014	*2015*	*2016*
60	93	25

(f) The mortality rate among children under 5 years of age and infant and maternal mortality rates (disaggregated by cause of death)

Breakdown of specific mortality rates by age group in 2016, Niger

Number of deaths

Diseases symptoms	*2 months*	*2 11 months*	*1 4 years*	*5 9 years*	*10 24 years*	*25 years and over*	***Total***	*%*
Malaria	16	158	1 031	221	77	58	**1 561**	50.60
Pneumonia	7	62	92	21	10	16	**208**	6.74
Diarrhoea with dehydration	1	29	49	6	5	25	**115**	3.73
Measles	0	4	3	4	2	2	**15**	0.49

Number of deaths								
Diseases symptoms	*2 months*	*2 11 months*	*1 4 years*	*5 9 years*	*10 24 years*	*25 years and over*	***Total***	*%*
Meningitis	1	10	14	16	17	6	**64**	2.07
Neonatal tetanus	2	0	0	0	0	0	**2**	0.06
Other tetanus	0	1	0	0	4	9	**14**	0.45
Other deaths	87	106	299	76	171	367	**1 106**	35.85
Total	**114**	**370**	**1 488**	**344**	**286**	**483**	**3 085**	**100.00**

94. Malaria was still the leading cause of child mortality from 2015 to 2016, followed by respiratory infections and acute diarrhoea, then epidemic diseases such as measles and meningitis.

Mortality rate among children under 5 years old according to the 2006, 2012 and 2017 Niger demographic and health surveys

Type of mortality	*2006*	*2012*	*2017*	*Decrease*
Infant mortality	81	51	48	6%
Child mortality	126	81	49	40%
Infant-juvenile mortality	198	127	95	25%

95. There has been a significant decrease in the child mortality rate.

96. Maternal mortality has also declined, from 648 deaths per 100,000 live births in 2006 to 535 deaths per 100,000 live births in 2012 and 520 deaths per 100,000 live births in 2015, according to the 2015 evaluation of the Millennium Development Goals, compared to a target of 405 for 2015.

97. The top three direct causes of maternal death are:

- Haemorrhage: 24 per cent
- Eclampsia: 12 per cent
- Infections: 11 per cent

(g) Immunization rate

Immunization coverage by antigen

Antigen		*2016 (%)*	*2017 (%)*
BCG		102	97
OPV1		98	98
OPV3		91	91
Penta1		97	98
Penta3	85	92	91
Rota1		91	94
Rota2		84	88
IPV		85	90
Pneumo1		96	97
Pneumo3		89	91
MCV2		90	90
MCV2		37	51
YFV		85	88

Antigen	*2016 (%)*	*2017 (%)*
TT2	92	92

Source: National Institute of Statistics/Ministry of Health.

98. Vaccination services are more accessible for first doses but monitoring for follow-up doses is problematic. This is the case particularly for measles vaccine coverage, which remains poor.

99. This situation could explain the low full immunization coverage rate for children of 52 per cent.

(h) The number of children infected with or affected by HIV/AIDS

100. According to the 2012 demographic and health survey, the prevalence of HIV among persons aged between 15 and 49 years was 0.4 per cent. The prevalence rate was 0.8 per cent in urban areas and 0.2 per cent in rural areas. Women were worse affected with a prevalence rate of 1.1 per cent in urban areas and 0.2 per cent in rural areas.

101. Seroprevalence varied from one region to another: it was 1.1 per cent in Niamey, 0.7 per cent in Diffa, 0.5 per cent in Agadez and Dosso, 0.3 per cent in Tahoua, and 0.2 per cent in Maradi, Tillabéri and Zinder.

102. In 2016, it was estimated that at least 5,000 children under 15 years of age were infected with HIV, as shown in the table of estimates below.

Summary of Spectrum's HIV/AIDS estimates for Niger, 2016

	Estimate	*Lower*	*Higher*
HIV prevalence among persons aged 15 to 49 years	0.4	0.4	0.5
HIV positive population	48 000	41 000	55 000
HIV positive children aged 0 to 14 years	5 800	5 000	6 700
HIV positive women aged 15 years and above	22 000	19 000	25 000
HIV positive adults aged 15 years and above	42 000	36 000	49 000
HIV positive pregnant women	3 000	2 600	3 500

Source: Spectrum Niger.

Number of children infected with HIV and undergoing treatment

Year	*Total undergoing treatment*	*Adults*	*Children*	*% children*
2015	12 887	11 965	922	7.71
2016	15 265	14 263	1 002	7.03
2017	17 122	16 066	1 056	6.57

103. In 2016, the survival rate for patients under the age of 15 years, after a year of antiretroviral (ARV) treatment at facilities prescribing ARVs, was 67 per cent, as shown in the table below.

Replies to the information requested in paragraph 16 on the situation of children deprived of a family environment, including number of children

Situation of children deprived of a family environment

	2016	
Children	*Girls*	*Boys*
Placed in institutions	1	23
Placed in foster care	16	17

(a) Separated from their parents

104. In 2017, 520 children who had been abandoned anonymously or separated from their families, or were for other reasons unaccompanied were on register with the protection services.

(b) Living in child-headed households

105. Data not available.

(c) Placed in institutions

106. An ongoing national study has already registered 1,079 children in three of the country's regions.

(d) Placed in foster care

107. Data not available.

(e) Adopted within the country or abroad

108. A total of 117 children have been adopted through licensed international agencies (to France, Belgium and Canada).

(f) In confiage

109. Data not available.

Replies to the information requested in paragraph 17 on disaggregated statistics on the number of children with disabilities

(a) Living with their families

110. In general, all children with disabilities live with their families.

(b) Living in institutions

111. Data not available.

(c) Attending regular primary schools

112. Data not available.

(d) Attending regular secondary schools

113. Data not available.

(e) Attending special schools

114. Data not available.

(f) Not attending school

115. Data not available.

(g) Abandoned by their families

116. Data not available.

Replies to the information requested in paragraph 18 on disaggregated statistics on education

(a) School enrolment and completion rates

Table 1
Trends in the number of children attending preschool disaggregated by sex

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Average annual growth rate*
Boys	65 952	70 203	75 693	84 869	87 736	7.4%
Girls	67 035	71 355	76 936	84 010	89 285	7.4%
Total	**132 987**	**141 558**	**152 629**	**168 879**	**177 021**	**7.4%**

Table 2
Trends in the preschool enrolment rate disaggregated by sex

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Increase (percentage points)*
Boys	6.2%	6.4%	6.6%	7.1%	7.1%	0.86
Girls	6.5%	6.7%	6.9%	7.3%	7.4%	0.91
Total	**6.4%**	**6.5%**	**6.8%**	**7.2%**	**7.3%**	**0.89**

Table 3
Trends in preschool enrolment rate disaggregated by environment

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Increase (percentage points)*
Urban	23.5%	24.0%	24.9%	26.5%	26.7%	3.25
Rural	3.1%	3.2%	3.3%	3.5%	3.5%	0.43
Total	**6.4%**	**6.5%**	**6.8%**	**7.2%**	**7.3%**	**0.89**

Table 4
Trends in the number of students enrolled in primary school disaggregated by sex

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Increase (percentage points)*
Boys	1 197 617	1 251 460	1 344 201	1 430 501	1 506 935	5.9%
Girls	968 651	1 025 561	1 100 778	1 180 851	1 261 370	6.8%
Total	**2 166 268**	**2 277 021**	**2 444 979**	**2 611 352**	**2 768 305**	**6.3%**

Table 5
Trends in the number of students enrolled in primary school disaggregated by environment

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Mean annual rate of growth*
Urban	612 343	653 699	687 745	767 293	779 760	6.2%
Rural	1 553 925	1 623 322	1 757 234	1 844 059	1 988 545	6.4%
Total	**2 166 268**	**2 277 021**	**2 444 979**	**2 611 352**	**2 768 305**	**6.3%**

Table 6
Trends in the gross school enrolment ratio disaggregated by sex

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Increase (percentage points)*
Boys	77.3%	77.6%	80.2%	82.1%	83.3%	5.92
Girls	64.7%	65.8%	68.0%	70.2%	72.1%	7.39
Total	**71.2%**	**71.8%**	**74.2%**	**76.2%**	**77.8%**	**6.64**

Table 7
Trends in the gross school enrolment ratio disaggregated by environment

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Increase (percentage points)*
Urban	124.2%	127.3%	128.8%	138.3%	135.3%	11.1
Rural	60.9%	61.1%	63.6%	64.3%	66.7%	5.8
Total	**71.2%**	**71.8%**	**74.2%**	**76.2%**	**77.8%**	**6.6**

Table 8
Trends in the primary school completion rate disaggregated by sex

Year	*2013*	*2014*	*2015*	*2016*	*2017*	*Increase (percentage points)*
Boys	58.2%	71.1%	83.1%	87.4%	88.0%	29.80
Girls	44.3%	53.5%	64.6%	69.5%	72.9%	28.61
Total	**51.2%**	**62.2%**	**73.8%**	**78.4%**	**80.4%**	**29.19**
Parity index	0.76	0.75	0.78	0.79	0.83	0.07

Table 9
Trends in the primary school completion rate disaggregated by environment

Year	*2015*	*2016*	*2017*	*Increase (percentage points)*
Urban	125.3%	138.0%	141.7%	16.37
Rural	63.8%	66.8%	68.4%	4.63
Total	**73.8%**	**78.4%**	**80.3%**	**6.50**
Urban-rural difference	61.50	71.20	73.23	11.73

Table 10
Trends in the primary school completion rate disaggregated by sex and environment

Completion rate	*Boys*	*Girls*	***Total***
Rural	77.7%	59.3%	**68.4%**
Urban	140.9%	142.4%	**141.7%**
Total	**88.0%**	**72.7%**	**80.3%**

(b) Number and percentage of children who drop out of school or repeat an academic year

Table 11
Trends in the number of repeated years disaggregated by sex and education level

Sex	*Grade 1*	*Grade 2*	*Grade 3*	*Grade 4*	*Grade 5*	*Grade 6*	***Total***
M	183	3 765	3 803	4 589	4 336	4 300	**20 976**
F	153	2 934	3 228	3 808	3 897	4 260	**18 280**
Total	**336**	**6 699**	**7 031**	**8 397**	**8 233**	**8 560**	**39 256**

(c) Teacher-pupil ratio

117. On average, in urban areas, the ratio is 34 pupils to one teacher.

118. In nomadic communities, the ratio is 25 pupils to one teacher.

Replies to the information requested in paragraph 19 on disaggregated statistics on:

(a) The number of child workers, number of investigations conducted on the worst forms of child labour, any action taken and the compensation afforded to victims

119. Data not available.

(b) The number of investigations conducted, sentences handed down, compensation paid and cases of rehabilitation of the children involved

120. From 2013 to 2016, 2,192 children were detained in correctional institutions; this is in line with the number of investigations and prosecutions recorded in the statistical yearbook of the justice system 2012–2016.

Replies to the information requested in paragraph 20 on disaggregated statistics on:

(a) The number of children suspected of having committed an offence

121. As noted above, between 2012 and 2016, there were 2,192 cases in which children were suspected of having committed criminal offences.

(b) The number of children who have been convicted and the type and duration of sentences

122. Between 2012 and 2016, there were 590 convictions served against minors. The sentences were mostly custodial, with the average term of imprisonment varying from 6 months to 2 years. There were no criminal convictions; the minimum term in such cases is 10 years and may be imposed only under the conditions set out in article 29 of Act No. 2014-72 of 20 November 2014, on the jurisdiction, responsibilities and functioning of the juvenile courts in the Niger.

(c) The number and capacity of detention centres, reception centres and rehabilitation facilities for minors in conflict with the law

123. Niger has 38 prisons, of which 29 have units for minors. The short-term objective is to equip all institutions with separate units for minors. There are three reception centres for children in conflict with the law that cater for offenders, located in Niamey, Tahoua and Dakoro. The first has a capacity of 65 and mainly receives first-time child offenders; the other two have a capacity of 100 and 40, respectively. The aim of all three centres is to prepare minors for reintegration through training opportunities following their release from the judicial system and to support them in establishing a life plan.

(d) The number of children detained in centres for children and the number of children held in adult detention facilities

124. All children detained as a result of judicial proceedings are in units for minors: there are no reported cases of children being detained with adults.

(e) The number of children in pretrial detention and the average length of such detention

125. There were 1,651 minors placed in pretrial detention during the judicial data collection period 2011–2015: 1,535 boys and 116 girls. Further data is not available. The average term of detention was three months, renewable once, for minor offences and one year, extendable by six months (i.e. 18 months in total), for more serious criminal offences.

126. Detention orders are always renewed by reasoned order, as required under articles 21 and 22 of Act No. 2014-72 and article 131 of the Code of Criminal Procedure.

(f) Number of children held in prison with their mothers

2015	12
2016	15
2017	7

Replies to the information requested in paragraph 21 to update the periodic report

127. Out-of-date figures contained in the periodic report have been updated in the above replies. Any remaining updates required will be provided in the opening statement and during the constructive dialogue.

Replies to the information requested in paragraph 22 on priority areas

128. Priority is accorded to children at risk and/or child victims of abuse, violence and exploitation; combating child marriage and the worst forms of child labour; and birth registration.